Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number: /

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: LTC LAPSE AND SERFF Tr Num: UNAM-127311313 State: Arkansas

REPLACEMENT - 2010

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 49240

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num:

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Alicia Phillips-Guiler Disposition Date: 07/15/2011

Date Submitted: 07/07/2011 Disposition Status: Accepted For

Informational Purposes
Implementation Date:

State Status: Filed-Closed

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Overall Rate Impact: Filing Status Changed: 07/15/2011

State Status Changed: 07/15/2011 Created By: Alicia Phillips-Guiler

Submitted By: Alicia Phillips-Guiler Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Long-Term Care Lapse and Replacement Report – Reporting Year 2010

In compliance with your state's annual reporting requirements, we submit the above-referenced report.

Should you have any questions, please contact me at 407-444-4355, or Aguiler@universalamerican.com.

Sincerely,

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number: /

Alicia P. Guiler

Senior Compliance Analyst

Company and Contact

Filing Contact Information

Alicia Guiler, AGuiler@uafc.com

P.O. Box 958465 407-628-1776 [Phone] 8334 [Ext]

Lake Mary, FL 32795-8465 407-628-9021 [FAX]

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas

1001 Heathrow Park LaneGroup Code: 953Company Type:Suite 5001Group Name:State ID Number:

Lake Mary, FL 32746 FEIN Number: 48-0557726

(407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

The Pyramid Life Insurance Company \$0.00 07/07/2011

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-------------------------------|------------|------------|----------------|
| Accepted For Stephanie Fowler | | 07/15/2011 | 07/15/2011 |
| Information | nal | | |
| Purposes | | | |

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number: /

Disposition

Disposition Date: 07/15/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number:

Schedule Item Schedule Item Status Public Access

Supporting Document LTC LAPSE AND REPLACEMENT Accepted for No

Informational Purposes

Company Tracking Number:

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Product Name: LTC LAPSE AND REPLACEMENT - 2010

Project Name/Number:

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: LTC LAPSE AND REPLACEMENT Accepted for Informational

07/15/2011

Purposes

Comments:

Attachment:

AR - LAPSE PYR 2010.pdf



June 28, 2011

Life and Health Division Arkansas Department of Insurance 1200 W. Third Street Little Rock, AR 72201-1904

RE: THE PYRAMID LIFE INSURANCE COMPANY

NAIC #68284

Long-Term Care Lapse and Replacement Report – Reporting Year 2010

In compliance with your state's annual reporting requirements, we submit the above-referenced report.

Should you have any questions, please contact me at 407-444-4355 or aguiler@universalamerican.com

Sincerely,

Alicia P. Guiler

Senior Compliance Analyst

licis faille



Long-Term Care Insurance Replacement and Lapse Reporting Form

| For the State of | HYKONSOS | _ For | the Reporting Year of 2010 |
|--|--|--|---|
| Company Name: Company Address Contact Person: Instructions | The fyram. 1001 Heathra | rid LiFe | Due: June 30 annually Company NAIC Number: 68284 Phone Number: 407-444-435 |
| The purpose of this replacements and it of long-term care it lapses of long-term tables below should of replacements and | isurance replacement sale care insurance policies so | s as a percent of the ager old by the agent as a perce percent (10%) of the insure | egarding long-term care insurance policy its for each agent on that agent's amount of total annual sales and the amount of int of the agent's total annual sales. The ir's agents with the greatest percentages |
| Agent's Name | | • | |
| , Mount o Laging | Number of Policies Sold By This Agent | Number of Policies Replaced By This Agent | Number of Replacements As % of Number Sold By This Agent |
| N/A. | | | 11120 200 2011 |
| Listing of the 10% o | of Agents with the Greater | of Percentage of Lapses | |
| Agent's Name | Number of Policies Sold By This Agent | Number of Policies Lapsed By This Agent | Number of Lapses As % of Number Sold By This Agent |
| NA | | | |
| ercentage of Replac <u>0</u> % ercentage of Lansed | Politics to Total Annual St | cles in Force (as of the end | of the preceding calendar year) eding calendar year) _ O % |
| | | | |